

SERIAL NUMBER 09/228,772		FILING DATE 01/06/99	CLASS 379	GROUP ART UNIT 2743	ATTORNEY DOCKET NO. BENESTY21613	
APPLICANT	JACOB BENESTY, SUMMIT, NJ; THOMAS FTITZ GAENSLER, WATCHUNG, NJ; STEVEN LESLIE GAY, LONG VALLEY, NJ; MAN MOHAN SONDHI, MOUNTAIN LAKES, NJ.					
	**CONTINUING DOMESTIC DATA***** VERIFIED					
	**371 (NAT'L STAGE) DATA***** VERIFIED					
	**FOREIGN APPLICATIONS***** VERIFIED					
FOREIGN FILING LICENSE GRANTED 02/03/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NJ	SHEETS DRAWING 32	TOTAL CLAIMS 16
Verified and Acknowledged		Examiner's Initials _____ Initials _____		INDEPENDENT CLAIMS 5		
ADDRESS	STROOCK AND STROOCK AND LAVAN 1890 MAIDEN LANE NEW YORK NY 10038					
	ADAPTIVE FILTER FOR NETWORK ECHO CANCELLATION					
TITLE						
FILING FEE RECEIVED  \$916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Bib Data Sheet

CONFIRMATION NO. 8127

<b>SERIAL NUMBER</b> 09/228,772	<b>FILING DATE</b> 01/06/1999 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2644	<b>ATTORNEY DOCKET NO.</b> BENESTY21613
<b>APPLICANTS</b> JACOB BENESTY, SUMMIT, NJ; TOMAS FRITZ GAENSLER, WATCHUNG, NJ; STEVEN LESLIE GAY, LONG VALLEY, NJ; MAN MOHAN SONDDHI, MOUNTAIN LAKES, NJ;				
<b>** CONTINUING DATA *****</b> CPT NONE				
<b>** FOREIGN APPLICATIONS *****</b> CPT NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/03/1999 CPT NONE				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>CPT</u> Acknowledged <u>Allowance</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> STROOCK AND STROOCK AND LAVAN 1890 MAIDEN LANE NEW YORK, NY 10038				
<b>TITLE</b> ADAPTIVE FILTER FOR NETWORK ECHO CANCELLATION				
<b>FILING FEE RECEIVED</b> 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	